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16A. ARE ALL WAREHOUSE UNITS OWNED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	16B. IF ANY UNITS ARE LEASED GIVE: <i>(Attach schedule if necessary).</i>		
16C. HAS WAREHOUSE OPERATOR A RENEWAL OPTION ON LEASED UNIT(S)?			UNIT IDENTITY	NAME OF LESSOR	DATE LEASE EXPIRES
17. IS ANY SECTION OR UNIT OF WAREHOUSE LOCATED ON RAILROAD SIDING SERVICEABLE FOR PLACEMENT OF CARS? <i>(If "YES", complete Item 18.)</i>					
18. NAME OF RAILROAD					
19A. IS A LOCAL, STATE, OR FEDERAL FELONY COURT CASE PENDING AGAINST THE WAREHOUSE OPERATOR OR RESPONSIBLE OFFICIAL OR EMPLOYEE OF THE WAREHOUSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	19B. IF "YES", BRIEFLY EXPLAIN NATURE OF CASE.				
20. NAME OF APPLICANT'S COTTON FIRE INSURANCE UNDERWRITER			21. DOES APPLICANT HAVE INSURANCE ON COTTON COMMONLY KNOWN AS INLAND MARINE ALL RISK INSURANCE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
22. The applicant agrees: <ul style="list-style-type: none"> • to attach to each bale of cotton a standard cotton bale tag with a printed tag number corresponding to the warehouse receipt numbers and bar coded; • receipts and bale tags shall not bear prefixes or suffixes; • receipts, either paper or electronic, and bale tags shall not bear numbers which are identical to outstanding warehouse receipts; • block receipts shall have a list of the gin bale tag numbers, representing the individual bales, attached; • to provide a copy of the electronic warehouse receipt profile to CCC, if requested. 					
23. IS THE WAREHOUSE OPEN FOR BUSINESS 5 DAYS A WEEK, DURING REGULAR BUSINESS HOURS, THROUGHOUT ENTIRE YEAR? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(If "no", applicant agrees to place conspicuous sign stating location at which a responsible representative of warehouse can be reached.)</i>					
24. DURING A NORMAL 40 HOUR WORKWEEK THE APPLICANT CAN: <i>(The warehouse operator agrees to load out the warehouse's approved capacity at the rate of 4.5 percent per week.)</i>					NUMBER OF BALES
A. Receive and place in storage <i>(including all services incidental thereto)</i>					
B. Pick out, load, and ship					
25. Other:					
26. <i>The applicant certifies that all statements made herein are true and correct and that the applicant will operate in accordance with the terms and provisions of the CSA. This form must be signed by an authorized individual, i.e., corporate officer, partner or proprietor. A manager of a business cannot sign unless authorized by: a resolution of corporation's board of directors; or a power of attorney furnished by an owner of the business.</i>					
27A. NAME OF WAREHOUSE OPERATOR <i>(Legal entity name as shown in Item 6.)</i>					
27B. BY: <i>(SIGNATURE)</i>			27C. TITLE		27D. DATE

NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995. The authority for requesting the following information is 15 USC 714b and 714c and regulations promulgated thereunder (7 CFR Part 1427). The information will be used to complete the terms of a contract between the warehouse operator and CCC. Furnishing the requested information is voluntary, however, without it, eligibility to enter into an agreement with CCC cannot be determined. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 1014, 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.*

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0052. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing the collection of information. **RETURN THIS COMPLETED FORM TO THE KANSAS CITY COMMODITY OFFICE, P.O. BOX 419205, STOP 8748, KANSAS CITY, MO 64141-6205.***